

# **Scarborough & District Golf Association**

## **TEAM SELECTION FORM**

**DATE:**

**VENUE:**

**ENTRY FORM FROM:**

TIME	TEAM	PLAYER A	H/CAP	PLAYER B	H/CAP	SCORE
	<b>1</b>					
	<b>2</b>					
	<b>3</b>					
	<b>4</b>					
	<b>5</b>					
	<b>6</b>					
	<b>7</b>					
	<b>8</b> Only if hosting event or Ben Fell					
	<b>RES</b>		<b>RES</b>			
	<b>SIGNED;</b>					

***This form to be sent to hosting club 7 days prior to event taking place***